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7	ANALYSIN GOLANDA GOLANDA
8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
9	CV 08 110
10	John Earnest Gilbert } 181
11	Plaintiff, CASE NO
12	P. Delvillar (Principle Actor) James) PRISONER'S APPLICATION TO PROCEED
13	Ti Hon, N. Grannis Michael Evans, G.A. IN FORMA PAUPERIS Weeth, K. Jones, R. A Kesslen G. Lewis
14	P. Roque, G.R. Sálazar Defendant.) O Avilos N. Clark, A. Villa I 600 S. Maji) ea
15	Hogdan, A. Ruhnert
16	1, So HO Ellbela, declare, under penalty of perjury that I am the
17	plaintiff in the above entitled case and that the information I offer throughout this application
18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief.
22	In support of this application, I provide the following information:
23	1. Are you presently employed? Yes No
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the
25	name and address of your employer:
26	Gross:
27	Employer:
28	

1	If the answer is "no," state the date of last employment and the amount of the gross and net									
2	salary and wages per month which you received. (If you are imprisoned, specify the last									
3	place of emplo	place of employment prior to imprisonment.)								
4	-PiRI	mend drilling	16.7	5 HR.						
5	1987 \$2,680.00 Dep Ment									
6										
7	2. Have y	ou received, within the past twelve	(12) months, any	money from any	of the					
8	following sour	rces:								
9	a. ;	Business, Profession or	Yes	_ No						
10		self employment								
11	b.	Income from stocks, bonds,	Yes	_ No						
12		or royalties?								
13	3 c. Rent payments? Yes No									
14	d.	Pensions, annuities, or	Yes	_ No						
15		life insurance payments?								
16	e.	Federal or State welfare payments,	Yes	_ No						
17		Social Security or other govern-								
18	. 1	ment source?		, "						
19	If the answer is	"yes" to any of the above, describe	each source of m	oney and state the	amount					
20	received from e	each.		`						
21		NA								
22										
23	3. Are you	married?	Yes	_ No						
24	Spouse's Full Name: \mathcal{N}/\mathcal{A}									
25	Spouse's Place	of Employment:								
26	Spouse's Month	lly Salary, Wages or Income:	/1							
27	Gross \$	// A Net \$	<i>U/4</i>							
28	4. a.	List amount you contribute to your s	pouse's support:	s_1//A						
				1						

b. List the persons other than your spouse who are dependent upon you for
support and indicate how much you contribute toward their support. (NOTE:
For minor children, list only their initials and ages. DO NOT INCLUDE
THEIR NAMES.).
NONE
<u> </u>
5. Do you own or are you buying a horne? Yes No
Estimated Market Value: \$ 1/4 Amount of Mortgage: \$ 1/4
6. Do you own an automobile? Yes No
Make Year Model
Is it financed? Yes No If so, Total due: \$
Monthly Payment: \$
7. Do you have a bank account? Yes No (Do <u>not</u> include account numbers.)
Name(s) and address(es) of bank:
Present balance(s): \$
Do you own any cash? Yes No Amount: \$
Do you have any other assets? (If "yes," provide a description of each asset and its estimated
market value.) Yes No
8. What are your monthly expenses?
Rent: \$ 10NE Utilities: 10NE
Food: \$ Clothing:
Charge Accounts:
Name of Account Monthly Payment Total Owed on This Acct.
\$\$
\$\$\$
\$\$\$

]	9. Do you have any other debts? (List current obligations, indicating amounts and to
2	whom they are payable. Do <u>not</u> include account numbers.)
3	NONE
4	
5	10. Does the complaint which you are seeking to file raise claims that have been presented
6	in other lawsuits? Yes No
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8	which they were filed.
9	N/A
10	
11	I consent to prison officials withdrawing from my trust account and paying to the court
12	the initial partial filing fee and all installment payments required by the court.
13	I declare under the penalty of perjury that the foregoing is true and correct and
14	understand that a false statement herein may result in the dismissal of my claims.
15 16	3-3-08 John Albert
17	DATE SIGNATURE OF APPLICANT
18	DATE OF ATTEMPT
19	
20	
21	
22	
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1	
2	Case Number:
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8	
9	CERTIFICATE OF FUNDS
10	IN
11	PRISONER'S ACCOUNT
12	
13	I certify that attached hereto is a true and correct copy of the prisoner's trust account
14	statement showing transactions of Gilbert, John for the last six months
15	SALINAS VALLEY STATE PRISON
16	ACCOUNTING DEPARTMENT P.O. BOX 1020 [prisoner name] SOLEDAD, CA 93960-1020
17	where (s)he is confined.
18	[name of institution]
19	I further certify that the average deposits each month to this prisoner's account for the
20	most recent 6-month period were \$ 31.17 and the average balance in the prisoner's
21	account each month for the most recent 6-month period was \$\\[\frac{31.44}{} \]
22	
23	Dated: 3/12/08
24	[Authorized officer of the institution]
25	
26	
27	
28	

REPORT ID: TS3030 .701 REPORT DATE: 03/12/0

PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS
SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT.

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 12, 2008

ACCOUNT NUMBER : E50957 BED/CELL NUMBER: FAB3T1000000111U

ACCOUNT NAME : GILBERT, JOHN ERNEST ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

11.11.11.11.11.11.11.11.11.11.11.11.11.	DATE	TRAN CODE	DESCRIPTION	COMMEN	т	CHECK	NUM	DEPOSITS	WITHDRAWALS	BALANCE
	09/01/	/2007	BEGINNING BA	ALANCE						0.00
	09/07	*VD54	INMATE PAYROL	0706 P8	/07			3.05		3.05
	11/01	W536	COPAY CHARGE	1220 CO	PAY				3.05	0.00
1	11/06	*VD54	INMATE PAYROL	1254 P9	/07			3. 9 8		3.98
	11/07	FC06	DRAW-FAC 6	1279	D1				3.98	0.00
	11/15	*DD30	CASH DEPOSIT	1349 70	61			90.00		90.00
	11/16	W512	LEGAL POSTAGE	1364 EN	VEL				1.65	88.35
	12/11:	*DD30	CASH DEPOSIT	1545 71	31			90.01		178.36
	12/17	FC01	DRAW-FAC 1	1591 A3					178.36	0.00
	ACT:	YTIVI	FOR 2008							
	01/14	FR01	CANTEEN RETUR	701813					0.11-	0.11
	01/15	W536	COPAY CHARGE	1846 CO	PAY				0.11	0.00

CURRENT HOLDS IN EFFECT

DATE	HOLD			
PLACED	CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
02/20/2008	H114	COPAY FEE, MED.	2180DCOPAY	5.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 03/04/94 CASE NUMBER: SC057084

COUNTY CODE: KER FINE AMOUNT: \$ 200.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
09/01/2007	BEGINNIN	G BALANCE		113.35
09/07/07 11/06/07	VR54 VR54	RESTITUTION DEDUCTION—SUPPORT RESTITUTION DEDUCTION—SUPPORT	3.38- 4.42-	109.97 105.55

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REPORT ID: TS3030 .701

REPORT DATE: 03/12/0

PAGE NO:

SALINAS VALLEY STATE PRISON INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR: 12, 2008

ACCT: E50957

. ACCT NAME: GILBERT, JOHN ERNEST

ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 03/04/94

COUNTY CODE: KER

CASE NUMBER: SC057084

FINE AMOUNT: \$

200.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/15/07	DR3O	REST DED-CASH DEPOSIT	100.00-	5.55
12/11/07	DR30	REST DED-CASH DEPOSIT	5.55-	O.OC

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 03/04/94

COUNTY CODE: KER

CASE NUMBER: SC057084A

FINE AMOUNT: \$

200.00

DATE TRANS. DESCRIPTION TRANS, AMT. BALANCE 09/01/2007 BEGINNING BALANCE 200.OC

12/11/07

DR30

REST DED-CASH DEPOSIT

94.45-

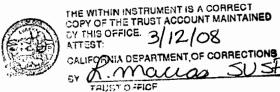
105.55

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *

* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TÜTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTEL
0.00	187.04	187.04	0.00	5.00	Ō.0€



CURRENT AVAILABLE BALANCE 5.00 1

08-18 TEX